

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist <i>COMMITTEE TO ELECT JOHN T. LOOMIS, Sheriff</i>				
Street Address <i>405706 JONES LANE</i>				
City <i>ERIC</i>	State <i>PA</i>	Zip Code <i>16505</i>		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures

From Date

To Date

11-28-17

12-31-17

For Office Use Only

A. Amount Brought Forward From Last Report

\$

4,289.34

B. Total Monetary Contributions and Receipts (From Schedule I)

\$

—

C. Total Funds Available (Sum of Lines A and B)

\$

4,289.34

D. Total Expenditures (From Schedule III)

\$

0

E. Ending Cash Balance (Subtract Line D from Line C)

\$

4,289.34

F. Value of In-Kind Contributions Received (From Schedule II)

\$

G. Unpaid Debts and Obligations (From Schedule IV)

\$

2,200.00

2018 JAN 30 PM 2:42

TF

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29<sup>th</sup> day of January 20 18Sonja Wilt  
SignatureMy Commission expires 4-3-19  
MO. DAY YR.

NOTARIAL SEAL  
Tonia Wilt, Notary Public  
City of Erie, Erie County  
Commission Expires April 3, 2019

*Charles A. Klein*  
Signature of Person Submitting report  
Charles A. Klein  
Printed Name

Area Code

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

29<sup>th</sup> day of January 20 18Sonja Wilt  
SignatureMy Commission expires 4-3-19  
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Tonia Wilt, Notary Public  
City of Erie, Erie County  
My Commission Expires April 3, 2019

*John T. Loomis*  
Signature of Candidate  
John T. Loomis  
Printed Name

814  
Area Code451-6064  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number

CTE JOHN T. LOONIS, SHERIFF

**1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor**

Total for the reporting period (1)

\$

None

**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)

\$

All Other Contributions (Part B)

\$

Total for the reporting period (2)

\$

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)

\$

All Other Contributions (Part D)

\$

Total for the reporting period (3)

\$

**4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period (4)

\$

Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)

\$

## PART A

**Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	CTE JOHN T. LOOMIS, SHERIFF.
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Amount

Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	None
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: <b>CTE JOHN T. LOOMIS, SHERIFF</b>							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	None
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	✓
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		

## PART C

## Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	CTE JOHN T. LOOMIS, SHERIFF
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	None
House #					Date [MM/DD/YYYY]	S	
City			State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #					Date [MM/DD/YYYY]	S	
City			State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #					Date [MM/DD/YYYY]	S	
City			State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #					Date [MM/DD/YYYY]	S	
City			State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #					Date [MM/DD/YYYY]	S	
City			State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #					Date [MM/DD/YYYY]	S	
City			State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #					Date [MM/DD/YYYY]	S	
City			State	Zip Code	Date [MM/DD/YYYY]	S	

PART D  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	CTE JOHN T. LOOMIS SHERIFF
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	None
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

## PART E

## Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	CTE JOHN T. LOOMIS, Sheriff
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Full Name					
House #	Street Address				NONE
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					

## SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

File identification number	CJE John T. Loomis Sheriff.
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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## SCHEDULE II

## PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	CTE JOHN T. LOOMIS SHERIFF.
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	None
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	CTE JOHN T. LOONIS, SHERIFF
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: **CTE JOHN T. LOOMIS, SHERIFF.**

To Whom Paid		CTE. JIM WINARSKI		Date [MM/DD/YYYY]	10/29/17	\$	50 <sup>00</sup>
House #	Street Address			Description of Expenditure			
				TICKETS TO EVANT			
City	State	Zip Code					
To Whom Paid		CTE TOM CARNEY		Date [MM/DD/YYYY]	10/28/17	\$	50 <sup>00</sup>
House #	Street Address			Description of Expenditure			
				TICKETS TO (MAY) EVANT.			
City	State	Zip Code					
To Whom Paid		POLICE ATHLETIC LEAGUE		Date [MM/DD/YYYY]	11/16/17	\$	150 <sup>00</sup>
House #	Street Address			Description of Expenditure			
				DONATION			
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					

SCHEDULE IV

## Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	CTE JOHN T. LOOMIS, SHERIFF.
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Name of Creditor		JOHN T. LOOMIS, CANDIDATE				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	2,200 <sup>00</sup>		
1033	West 3 <sup>RD</sup> ST	1-1-13					
City	State	Zip Code					
Description of Debt		ERIC INITIAL Campaign Start Up.					

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$			
City	State	Zip Code					
Description of Debt							